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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

AMENDMENT "A"

APPLICANTS: Ralf SELINGER et al CONFIRMATION NO.: 8940
SERIAL NO.: 10/672,194 GROUP ART UNIT: 2852
DATE FILED: September 26, 2003 EXAMINER: Ryan M. Gleitz
FOR "DEVICE AND METHOD TO LIFT MAGNETIZABLE CARRIER
PARTICLES FROM A MIXTURE OF TONER PARTICLES AND
MAGNETIZABLE CARRIER PARTICLES"

MAIL STOP AMENDMENT

Commissioner of Patents
P. O. Box 1450
Alexandria, VA 22313-1450

S I R:

In response to the Office Action of March 14, 2005, the following is submitted:

05/05/2005 NNGUYEN1 00000005 10672194

01 FC:1201

1000.00 DP



TELEPHONE (312) 258-5500

SCHIFF HARDIN LLP

PATENT DEPARTMENT

6600 SEARS TOWER

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In application of: Ralf SELINGER et al

GROUP ART UNIT: 2852

SERIAL NO.: 10/672,194

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CONFIRMATION NO.: 8940

TITLE: "DEVICE AND METHOD TO LIFT MAGNETIZABLE CARRIER PARTICLES FROM A MIXTURE OF TONER PARTICLES AND MAGNETIZABLE CARRIER PARTICLES"

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450**AMENDMENT "A" MAIL STOP AMENDMENT**

SIR:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below.

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	(6) RATE	(7) ADDITIONAL FEE
TOTAL CLAIMS	10	MINUS	30	X	() X 25.00 () X 50.00	\$
INDEP. CLAIMS	9	MINUS	4	5	() X 100.00 (X) X 200.00	\$1000.00
Application amended to contain any multiple dependent claims not previously paid for.				() YES () NO	() \$145.00 () \$290.00 ONE TIME	
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT						\$1000.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20 write "20" in this space.

☐ Applicants petition the Commissioner of Patents and Trademarks to extend this time for response to the Office Action dated _____ for _____ months so that the period for response is extended to _____. A check in the amount of \$_____ is attached to cover the cost of the extension. Any deficiency or overpayment should be charged or credited to deposit account No. 501519. A duplicate copy of this sheet is enclosed.

☒ A check in the amount of **\$1000.00** is attached.

☐ A check for \$_____ accompanying IDS under 37 CFR 1.97(c) is attached

☐ A check for \$_____ and Petition for Consideration of IDS under 37 CFR 1.97(d) is attached.

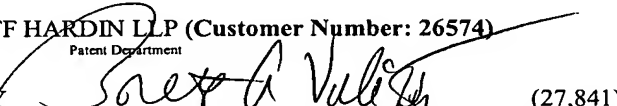
☒ The Commissioner is hereby authorized to charge any additional fees which may be required, or to credit any overpayment to account No. 501519. A duplicate of this sheet is enclosed.

When phoning re this application, please call (312) 258-5500.

SCHIFF HARDIN LLP (Customer Number: 26574)

Patent Department

BY

 (27,841)

I hereby certify that this correspondence is being deposited with the United States Postal Service as First Class Mail in an envelope addressed to: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 on May 2, 2005.

Brett A. Valiquet

NAME OF APPLICANT'S ATTORNEY

SIGNATURE

May 2, 2005

DATE